



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

CREDIT COUNSELING APPLICATION UPDATE/CHANGE FORM

Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 37-7-101 through - 122.
www.sccconsumer.gov
803-734-4236

Street Address
3600 Forest Drive, 3rd Floor
Columbia, SC 29204-4406

DO NOT FAX THIS FORM

(An original, signed and notarized form is required)

This form may be duplicated. **Print legibly or type information requested on the form in its entirety.** If any of the information on this form changes, submit a revised form to the department. Attach additional page(s) as necessary.

1. Company Name: _____ 2. Company License No.: _____
3. Contact Person: _____
(Last) (First) (Middle)
4. Business Headquarters Address: _____
(Street)

(City) (State) (Zip Code) (County)

5. REASON FOR SUBMISSION (Check the appropriate box and give complete information for each section checked)

a. **EMPLOYEE CHANGE:** (includes counselor, owner, member, officer or director)

Employee Name _____
(Last) (First) (Middle)

- ☐ **Name Change** (Give Your New Legal Name) ☐ **Home Address Change** (Give New Home Address)
☐ **Employee Status Change** (Give New Title) ☐ **Inactivate Employee** (Give Termination Date)
☐ **Business Address Change** (Give New Address Where Employed)

Change: _____

b. **LOCATION CHANGE:** (Attach a listing of employees indicating transfer or termination. Include the employee name and license number.)

(Street) (City) (State) (Zip Code)

- ☐ **Inactivate Location** ☐ **Office Relocation** ☐ Relocate to Existing Location
☐ Relocate to New Location – B1 is also required

Relocation Address: _____
(Street)

(City) (State) (Zip Code)

Telephone Number: () - Fax Number: () -

I swear or affirm and certify that I have completed and/or reviewed all information on this form and that all information contained herein is true, current and correct. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. I acknowledge that I have a **duty and agree to update** and correct this information as it changes.

Signature of Person Completing the Form

SWORN TO AND SUBSCRIBED before me
this _____ day of _____ 20 _____

Notary Public For _____
My Commission Expires: _____

Type or Print your name and Business Relationship or Title

The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release this form as a public record; however personal identifying information will be released only if required by law.